

***USAID/Family Health and AIDS-West and Central Africa
FY 2001 Results Review and Resource Request***

Abidjan, Cote d'Ivoire

19 March 1999

The attached results information is from the FY 2001 Results Review and Resource Request (R4) for USAID/Family Health and AIDS-West and Central Africa and was assembled and analyzed by USAID/FHA-WCA.

The R4 is a “pre-decisional” USAID document and does not reflect results stemming from formal USAID reviews. Additional information on the attached can be obtained from Dr. Souleymane Barry, Senior Regional PHN Advisor and USAID/FHA-WCA Program Manager.

Please Note:

The attached FY 2001 Results Review and Resource Request ("R4") was assembled and analyzed by the country or USAID operating unit identified on this cover page.

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Memorandum

Date: 19 March 1999

To: Mr. Harry Lightfoot, Director, AFR/West African Affairs

From: Dr. Souleymane Barry, Senior Regional Health Advisor and USAID/FHA-WCA Program Manager

Subject: FY2001 R4 Submission

The USAID/FHA-WCA Management Team is pleased to present the FY2001 Results Review and Resource Request document. The document illustrates continued progress toward achievement of our Strategic Objective "Increased Sustainable Use of Selected, Regional Reproductive Health, HIV/STI and Child Survival Services and/or Products in the WCA Region" and outlines resources needed for continued program implementation and impact.

We would like to submit to your attention three issues critical to the continued success and future of the USAID/FHA-WCA program. These include the three-year extension of the USAID/FHA-WCA program, management oversight for the activity and the establishment of an endowment to support the continued development of sustainable partnerships between U.S. and regional African institutions.

1. Three-year extension of FHA-WCA Program

The current PACD for the FHA-WCA program is September 30, 2000. Following the recommendation of last year's R4 technical review team, subsequent consultation with USAID/W and USAID/Mali, and outstanding success to date, it is our understanding that we have reached a consensus for the three-year extension of the FHA-WCA program through September 2003. In collaboration with the FHA-WCA program desk officer, we are preparing a CN for the three-year LOP extension through September 30, 2003. Once the CN is complete, we plan to submit a memorandum for formal approval of the extension by AFR/SD. USAID/Washington support for this extension is greatly appreciated and we thank you in advance for any assistance you may offer in moving our request forward in Washington.

Management Oversight by AFR/SD/HRD

Key to the success of our activity since the closure of REDSO/WCA has been the management oversight and support provided by AFR/SD and AFR/WA. Thanks to their regional perspective, and experience, these offices have been critical in guiding and broadening the regional scope and mandate of the FHA-WCA program and fostering linkages with bilateral missions in the region. As the USAID/Mali regional strategic team (RST) consolidates and reinforces its management capability and credibility, we are requesting that the management oversight of FHA remain with AFR/SD/HRD, while legal, controller, executive and procurement office support remain or be transferred to USAID/Mali for at least one more year. This would allow us to maintain programmatic momentum and take full advantage of the unique credibility and linkages Hope Sukin, AFR/SD/HRD Division Chief, has with other regional development partners and bilateral missions.

3. Regional Endowment for institutional building of Regional African Partner Institutions

As part of the FHA-WCA extension, resource request and phase-out strategy of USAID/FHA-WCA, we would like to establish an endowment of \$5,000,000 that would be operational by the end of FY 2002. With the three-year extension of the FHA-WCA program, we are planning to institutionalize most of the FHA regional leadership, and technical and managerial functions into selected African institutions while maintaining strategic linkages with key U.S. institutions. The funds generated from the endowment are estimated to reach \$400,000 to \$500,000 annually. Endowment funds would be used to support African regional partner institutions that have long-term linkages with U.S. institutions and have demonstrated a commitment to building their technical, managerial and financial capacity in a transparent environment. We are requesting USAID/W authorization to proceed with the expanded design and feasibility study for this proposed endowment as part of the strategic plan for the FHA-WCA program extension.

Given our successes to date, we are confident the FHA-WCA activity will continue to play a vital role in the development of the health sector in West and Central Africa through the delivery of key services and products, donor coordination and resource leveraging and the development of key African partner institutions.

We value your support and look forward to working with you to ensure the long-term success of the USAID/FHA-WCA program.

Strategic Objective: Increased Use of Selected, Sustainable, Regional Reproductive Health, HIV/STI and Child Survival Services and/or Products in the WCA Region

I. Overview and Factors Affecting Program Performance

Utilizing an innovative technical support model managed by four U.S. Private Voluntary Organizations under the Sante Familiale et Prevention du SIDA (SFPS) program, USAID/FHA-WCA supports critical health sector interventions focusing on key transnational problems, promotes regional networking by exploiting comparative advantages of US NGOs and works to strengthen regional African partner organizations operating in seven countries (Cote d'Ivoire, Senegal, Mali, Cameroon, Burkina Faso, Togo and Benin). The activity was designed to include service delivery support primarily in urban areas in selected non-mission or sentinel countries--Cote d'Ivoire, Togo, Cameroon and Burkina Faso—for a total population of approximately 43 million including 8 million women of reproductive age. Interventions, often regional in nature, address limited access to and use of modern family planning methods, HIV/AIDS and the reduction of child mortality from diarrhea through the expanded use of oral rehydration salts (ORS).

Many other countries in the region benefit from SFPS activities and products, taking advantage of transnational communication campaigns, product marketing, training and supervision standards and systems, operations research and shared regional “best practices.” USAID/FHA-WCA is linking USAID bilateral funded activities in Benin, Democratic Republic of Congo (DROC) and Senegal to its regional initiatives.

Three years after the launch of this regional initiative in FY95, USAID/FHA-WCA has emerged as an innovative and effective approach to delivering USAID assistance in the context of reduced mission presence in the region; and, has maintained investments and momentum achieved over the past decade. Key to continued programmatic effectiveness are the well-established partnerships with African public and private sector institutions and networks, the utilization of tested and proven service delivery models across countries and the rich body of experience in the region. USAID/FHA-WCA regional activities benefit from high level host country government support, continued relative political stability and economic growth in program countries, and the evolution of policy conducive to health sector development.

Overall Achievements

Over the past year, USAID/FHA-WCA continued to strengthen national family planning programs through training, quality assurance, contraceptive procurement, IEC and other related inputs. The activity promotes greater choice of more effective methods of contraception through provider competence, broader method mix at service delivery points, expansion of the social marketing product line and strengthening contraceptive logistics management and information systems. Distribution of socially marketed oral contraceptives marketed in Cameroon, Cote d'Ivoire, Benin and Togo increased 70% from FY97-FY98 and produced 15,648 CYPs in the same time period.

Regional and national IEC activities continued to enhance client knowledge and demand for FP services and also served to improve the quality of service delivery in the region. The Gold Circle campaign, mini-launched in late 1998, is a quality of care program that awards SFPS clinics featuring the client perspective of care. Thus far, six clinics have received the Gold Circle award

based on criteria such as client-provider interaction, infection prevention, provider competence, clinic outreach and method availability.

SFPS has implemented cross-border HIV/AIDS interventions targeting migrant populations in the region. Distribution of socially-marketed condoms has increased dramatically over the past year. Preliminary results from a Knowledge, Attitudes and Practices Survey among young men and women 15-24 years of age in Cote d'Ivoire show significant, positive behavior change over a five year period (1993-1998). Reported number of partners decreased among men and women 20-24 years of age from 8.1 to 2.6 and 3.8 to 1.9, respectively. Reported consistent condom use increased from 7% to 38.9% among males 20-24 years and from 7% to 34% among females the same age.

Orasel, the regional socially marketed brand of ORS, is currently distributed in Benin, Burkina Faso, Cote d'Ivoire and Togo. Social marketing outlets providing Orasel packets and CBD agents distributing them in the four countries have increased 170% and 82% respectively since FY96. Distribution exceeded established FY98 targets. Orasel will be officially launched in Cameroon in March 1999.

USAID/FHA-WCA social marketing activities benefit greatly from economies of scale inherent in regional programming where individual countries are able to take advantage of flexible communication strategies and packaging designs, for example, and adapt them at the national level.

SFPS approaches and tools recognized for their excellence are increasingly adopted both nationally and regionally. In 1998, four new IEC training modules were developed for use by national and regional partners in the areas of social mobilization, community outreach, and interpersonal communication and counseling (IPC/C). SFPS supervisory tools and approaches have been adopted in Togo and Cameroon as national tools are being used nationwide. In Burkina Faso, all district health teams and regional health officers were oriented in facilitative supervision to enable them to more effectively supervise non-SFPS sites. The SFPS quality of care strategy, including the use of the quality of care diagnostic tool, is being shared with the Guinean reproductive health program.

Over the past year, TA to ten regional African partner institutions (RAPIs) in Senegal, Mali, Burkina Faso, Cameroon, Cote d'Ivoire and Togo has included strategic planning, calculation of indirect charges, development of proposals to solicit funds and improved marketing of services and products. Support to strengthen national partner institutions has also included TA in clinical training skills, operations and qualitative research, IEC materials production, data for decision making, supervisory procedure and protocol and the development of national training plans.

USAID/FHA-WCA is also supporting technical assistance in the region to build MOH capacity to manage contraceptive forecasting, stocks and distribution. Stock-out surveys were administered in Cote d'Ivoire, Cameroon and Burkina Faso and contraceptive procurement tables were prepared for Togo. MOH partners in Burkina Faso adopted the National Logistics Manual; World Bank and UNFPA funding to support Burkina's logistics training plan was secured.

Throughout 1998 collaboration with donors and other development partners has been successful as evidenced by World Bank and UNFPA use of SFPS technical expertise in family planning

service delivery and their support for contraceptive procurement in Burkina Faso and Togo; and, UNFPA and GTZ support for the broader introduction of infection prevention practices in non-SFPS sites in the four sentinel countries.

Program Relationship to U.S. Embassy Mission Performance Plans

The USAID/FHA-WCA activity contributes to U.S. national interests in broad-based sustainable development through improving the health of the human resource base. Current U.S. Embassy Mission Program Plans (MPP) from the four sentinel countries highlight stabilizing population growth, the prevention of HIV/AIDS and the alleviation of child morbidity and mortality and cite continued host country participation in the USAID/FHA-WCA activity as a Mission priority.

Future Outlook

Prospects for future performance are positive. Based on successes to date, it is reasonable to assert that USAID/FHA-WCA will continue to provide technical assistance in the region efficiently and effectively through innovative procurement and implementation arrangements and will build upon past programmatic successes to enhance future regional impact.

Over the next three years, priority will be given to expanding implementation of best practices in the region, effectuating recent policy developments in the family planning arena (such as implementing Cote d'Ivoire's new policy on permanent and long-term method use), sustaining the push towards high quality service delivery and demand creation, utilizing data for decision making, leveraging resources both public and private, developing creative health finance approaches and strengthening the capacity for regional and national institutions to manage and implement priority activities. USAID/FHA-WCA will also explore options for providing technical assistance in essential obstetric care, nutrition/micronutrients and IMCI for child survival and infectious diseases, particularly urban-based malaria initiatives.

USAID/Washington is currently developing a multi-sectoral strategy for West Africa that may result in new West Africa regional programs beginning in FY2000. It is expected that the strategy will build on the accomplishments of the Sahel Regional Program (SRP), USAID/FHA-WCA and other existing West Africa-specific programs and activities. The new sub-regional strategy could broaden SRP and USAID/FHA-WCA activities beyond the countries now mainly involved in these programs, and afford improved efficiencies and broader impact through more integration within and across USAID-mission programs in West and Central Africa. USAID/FHA-WCA is working closely with the design team to identify priority health sector issues in the region and will continue to support this exercise.

II. Results Review

USAID/FHA-WCA continues to make programmatic progress, exceeding and meeting key performance targets. The activity successfully highlights both regional and country-specific mandates and has demonstrated that regional approaches with country level impact can be developed and utilized. As per the FY2000 R4, the SO was redefined to include this regional impact and to further reflect an emphasis on sustainability. Intermediate results were also redefined to maintain the overall integrity of the strategic framework.

IR1: Increased access to and demand for quality reproductive health, HIV/STI and child survival services and/or products in the WCA region

USAID/FHA-WCA promotes best practices throughout the region in FP/RH, child survival and HIV/AIDS and provides training, IEC and direct service delivery assistance to 206 principal sites in the four non-presence countries.

Family Planning/Reproductive Health: Access to and demand for FP has increased significantly in the four sentinel countries as demonstrated by the 18% increase in CYP from 1997 to 1998. This increase meets USAID's 1998 target. Preliminary 1998 DHS data show that the modern contraceptive prevalence rate in Togo (3.4% in 1988) and Cameroon (4.2% in 1991) increased to 8% in both countries. Total Fertility Rates in Togo and Cameroon decreased from 6.6 (1988) and 5.8 (1991) to 5.4 and 5.2 in 1998, respectively. Improved clinical standards, provider competence, broader method mix and provision of IEC clinic materials to enhance client education support these important gains. It is also notable that declines in TFR cited are attributable in large part to rapid declines in urban total fertility rates.

Training in facilitative supervision, interpersonal communication and counseling skills (IPC/C) and integrated IEC, contraceptive technology and other quality improvement work has had significant impact on quality of services and provider competence at SFPS sites. Infection prevention, for example, has been adopted by Ministries of Health and integrated in all basic FP training curricula. Long-term sustainability of these efforts is ensured through the development of national and regional trainers, as well as MOH adoption of SFPS-developed supervision tools and competency-based curricula that standardize supervision and training activities in the four sentinel countries.

Demand for FP/HIV and CS services continues to grow through USAID-funded television and radio programs such as the "Cles de la Vie," a regional radio soap opera series broadcast on thirteen national radio stations in the region and through Africa No. 1 which targets 70% of the population in Francophone Africa.

HIV/AIDS/STIs: Condom social marketing efforts have been successful with a 19% increase in condoms distributed from 1997 to 1998 in the four sentinel countries—exceeding the target by 31%. Regionally, there have been significant increases in condom use among men over the past 5-10 years. In Cameroon, for example, condom use among married men increased from 1.6% in 1991 to 16.0% in 1998.

In January 1998, a new regional HIV/AIDS STI prevention initiative, PSAMAO, was launched in Burkina Faso and Cote d'Ivoire targeting commercial sex workers and people on the move, such as truckers and seasonal workers. This social marketing initiative uses a combination of

peer-education and mass media while strengthening the availability of condoms along the migratory axes. In December 1998, PSAMAO was extended to Togo. It is expected that a total of seven West African countries will participate in this initiative. Mali has recently expressed interest in collaborating with USAID/FHA-WCA on this activity.

Over the past year, STI/HIV diagnostic, counseling and treatment services were introduced in 20 service delivery sites in Cote d'Ivoire. HIV/STI counseling services were introduced in 80 service delivery sites throughout the four sentinel countries.

Child Survival: Distribution of the regionally marketed brand of ORS, Oresel, in Cote d'Ivoire, Burkina Faso, Togo and Benin reached nearly 3.0 million in FY98 exceeding the target by 15%. Despite this impressive gain, distribution was lower than anticipated due to the need to limit distribution in some countries because of dwindling ORS stocks. The need to secure other sources of ORS is a priority and considerable efforts are being made with donors and public/private sector partners.

USAID/FHA-WCA is also supporting limited technical assistance in the Integrated Management of Childhood Illnesses (IMCI) in Togo and Cote d'Ivoire and has worked with regional partners to identify promising practices in Vitamin A interventions with particular emphasis on sustainable programs for increasing Vitamin A consumption. In addition, all regional non-presence countries benefit from international support for country national immunization days towards the elimination of Polio by the year 2000.

Unfortunately, child survival trends in Togo and Cameroon, as evidenced by preliminary 1998 DHS data, are disturbing. Infant mortality (IMR) decreased only slightly in each country while <5 mortality in Cameroon increased from 144/1000 in 1991 to 151/1000 in 1998. Prevalence of diarrhea has increased slightly among children in Cameroon and Togo and full vaccination coverage among Cameroonian children 12-23 months of age decreased from 41% to 36%. In Togo, only 31% of children 12-23 months are fully vaccinated. These trends may be indicative of reduced donor program support and serve to highlight the need for expanded efforts in child survival, HIV/AIDS and family planning with heightened efforts in maternal/neonatal health.

With this in mind, USAID/FHA-WCA expects to use additional child survival and infectious disease funds to expand child survival interventions through joint planning of resources and interventions with AFR/SD and other donors working in the region.

IR2: Increased regional capacity for program development and implementation in the WCA region

Efforts to build institutional capacity in national and regional partner organizations continues to be successful. Over the past year, nine regional African partner institutions (RAPIs) have developed basic strategic planning skills and 3 of 10 demonstrate basic capacity in market research and planning, meeting established targets.

SFPS's competency-based training (CBT) and humanistic training approaches are well recognized and appreciated in the region. Since FY96, SFPS has trained nearly 300 trainers in clinical training skills, the use of management information systems, contraceptive logistics management, and contraceptive technology updates. Regional health professionals have been trained in reproductive health and infection prevention and are now training other professionals

in countries such as Senegal and Mali. In Togo, the FP curriculum developed by SFPS has been adopted at the national level. All FP training supported by UNFPA and GTZ is conducted using this curriculum with SFPS trained trainers. In Cote d'Ivoire, the MOH has requested SFPS TA to help standardize a national FP curriculum that also uses the CBT and humanistic approaches to training. A regional FP education module for medical and paramedical students to be used in the region for preservice education in 11 institutions (including two in Benin) has also been developed.

The USAID/FHA-WCA activity continues to build the regional resource base for TA through training and hiring African consultants for program support. **In 1998, 367 African consultancy weeks were used exceeding the target of 160 weeks.**

IR3: Increased collaborative use of resources available for health sector development in the WCA region

Donor collaboration and complementary use of resources are a major emphasis of this regional initiative. Currently, USAID/FHA-WCA works with a broad range of partners in the health sector and enjoys sound relationships with UNICEF, UNFPA, KfW, the WHO and the World Bank. In FY98, \$6,061,000 was leveraged representing 16% additional funding, just under the target of 20%.

A significant achievement in FY 1998 was the mobilization of a \$50 million World Bank-financed health program in Cote d'Ivoire through USAID/FHA-WCA technical assistance. An 18 month TA package to the MOH was developed and an MOU was signed by the World Bank, the MOH and SFPS. In a recent aide-memoire, a World Bank team highlighted USAID's positive role in program acceleration and recognized this arrangement as an excellent model for future collaboration.

Future Outlook

USAID/FHA-WCA will continue to build upon programmatic successes while maximizing opportunities for regional cooperation. Reduced funding would require a prioritization of activities that would compromise programmatic balance and would seriously hamper our ability to maintain current programmatic momentum. USAID/FHA-WCA would also have to reconsider supporting new interests including a broader child survival approach, urban-based malaria initiatives, essential obstetric care, regional networking activities and health finance.

Major Contractors and Grantees

The USAID/FHA-WCA activity is successfully implemented through SFPS which includes: the Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO), Johns Hopkins University/Center for Communication Programs (JHU/CCP), Tulane University, and Population Services International (PSI). USAID/FHA-WCA also utilizes field support partners including MACRO, IMPACT, FPLM, AIDSMARK, FOCUS, CLM/CCP, POLICY, PHR and AVSC.

III. Resource Request

USAID/FHA-WCA's planning levels for FY 1999, FY 2000 and FY 2001 are \$13,477, \$19,350 and \$21,350 million, respectively. The levels shown for FY2000 and FY2001 are consistent with recent decisions to increase the LOP-funding to \$69 million and expand our program to broader child survival and infectious diseases activities, while consolidating the gains and momentum achieved in selected reproductive health, HIV/AIDS and child survival interventions. The levels for FY 2001 include \$2,000,000 for a first obligation into a proposed endowment that supports strategic linkages between US and African regional institutions to strengthen regional centers of excellence. The total proposed endowment is \$5,000,000 by the end of FY 2002. USAID/FHA-WCA pipeline trends remain very low and are estimated as follows: \$11.25, \$10.9 and \$12.5 million at the end of FY 1999, FY 2000 and FY 2001, respectively.

With a \$2 million reduction in DA/Population funding from our original FY99 request of \$15,486,000, the USAID/FHA-WCA Management Unit is faced with some difficult challenges. Reduced DA funding will not provide adequate financial resources to maintain programmatic progress and momentum achieved through effective partnerships with selected USAID/Washington/Global Bureau field support projects. Field support activities have supported contraceptive procurement and have provided critical technical assistance to strengthen contraceptive logistics and management, adolescent reproductive health and policy development in the West Africa region.

The \$1 million which USAID/FHA-WCA provides through Central Contraceptive Procurement to complement other donor funding in selected non-presence countries is of critical importance. It has allowed us to provide bridging support to maintain the momentum of many active programs funded by other donors that lack the procurement and logistic capacity to meet growing demand consistently.

As USAID/FHA-WCA has one Strategic Objective with integrated results, the impact of reduced population funding will hamper momentum and gains achieved for selected activities and will jeopardize our growing credibility achieved through tenuous efforts over the past three years after the closure of seven bilateral missions in WCA. If additional population funds are not provided in FY 99 we will have to phase-out our linkages with selected field support partners and will need to reduce our support for contraceptive supplies significantly. These changes would require us to renegotiate the expected results consistent with the performance-based agreements awarded to our four lead cooperating agencies (Sante Familiale et Prevention du SIDA—SFPS), as field support resources complement programmatic efforts and expertise available through SFPS.

It is also important to highlight that the USAID/FHA-WCA management unit must pay for support services and supplies previously offered by REDSO/WCA at a cost of approximately \$300,000 per fiscal year (including fixed ICASS costs). The USAID/FHA-WCA Management unit requests that the Africa Bureau in collaboration with the Global Bureau explore options to alleviate our DA/population funding gap.

With the FY 99 infectious disease and child survival allocations, the USAID/FHA-WCA management unit will be able to expand its child survival activities in the region. These include increased attention to Integrated Management of Childhood Illnesses (IMCI), nutrition,

community-based approaches to malaria control, pregnancy and malaria and increasing availability and accessibility of impregnated bednets through partnerships between social marketing programs and commercial firms.

Workforce and Increased Networking with Bilateral Missions

Current USAID/FHA-WCA program funded staff include the (1) FHA-WCA Program Manager, (2) FHA-WCA Deputy Program Manager, (3) Project Management Assistant, (4) Administrative Assistant, (5) Driver/Expediter, (6) Clerk/Receptionist and (7) Janitor.

As there are growing opportunities to work with bilateral missions within the development of the regional USAID strategy for West Africa, we expect to use the support of long-term consultants based in countries such as Senegal, Mali, Benin and Guinea to negotiate and monitor the expansion of current and new collaboration. Using our funding allocated into the Global Bureau POPTECH project, we also expect to better coordinate USAID/FHA-WCA activities and resources with USAID Missions in the region.

Resources Request tables as requested for Fiscal Years 1999, 2000 and 2001 are attached as LOTUS file: R2FHADAT.

STRATEGIC OBJECTIVE: Increased Use of Selected, Sustainable, Regional Reproductive Health, HIV/STI and Child Survival Services and/or Products in WCA Region

APPROVED: 02/09/1995

COUNTRY/ORGANIZATION: FHA-WCA

RESULT NAME: IR 1: Increased access to and demand for quality reproductive health, HIV/STI and child survival services and/or products in the WCA region

INDICATOR: Couple Year of Protection (CYP)

<p>UNIT OF MEASURE: Contraceptives distributed/sold to clients during the fiscal year</p> <p>SOURCE: Service statistics from implementing agencies</p> <p>INDICATOR DESCRIPTION: An estimate of the protection against pregnancies provided by family planning services during a period of one year, based upon the volume of all contraceptives sold/distributed to clients and CYP conversion factors</p> <p>COMMENTS: Errors in previously reported data have been detected and have been corrected. New procedures for ensuring accuracy are now in place. This explains the slight differences between this reporting period and previous for FY96 and FY97 CYP achievements.</p>	<i>YEAR</i>	<i>PLANNED</i>	<i>ACTUAL</i>
	<i>FY96</i>	<i>N/A</i>	398,000
	<i>FY97</i>	467,000	468,241
	<i>FY98</i>	535,000	570,676
	<i>FY99</i>	605,000	
	<i>FY00</i>	674,000	
	<i>FY01</i>		
	<i>FY02</i>		

STRATEGIC OBJECTIVE: Increased Use of Selected, Sustainable, Regional Reproductive Health, HIV/STI and Child Survival Services and/or Products in WCA Region

APPROVED: 02/09/1995

COUNTRY/ORGANIZATION: FHA-WCA

RESULT NAME: IR 1: Increased access to and demand for quality reproductive health, HIV/STI and child survival services and/or products in the WCA region

INDICATOR: *Number of socially-marketed condoms distributed*

UNIT OF MEASURE: Socially-marketed condoms distributed in the fiscal year SOURCE: Distribution statistics from implementing agencies INDICATOR DESCRIPTION: Number of condoms distributed in Cote d'Ivoire, Burkina Faso, Togo, Cameroon and Benin COMMENTS: Targets for FY99 and FY00 will be adjusted. All figures rounded to nearest 100,000	YEAR	PLANNE D	ACTUAL
	<i>FY96</i>	32.6 million	32.6 million
	<i>FY97</i>	34.2 million	39.5 million
	<i>FY98</i>	35.9 million	47.0 million
	<i>FY99</i>	37.5 million	
	<i>FY00</i>	39.1 million	
	<i>FY01</i>		
	<i>FY02</i>		

STRATEGIC OBJECTIVE: Increased Use of Selected, Sustainable, Regional Reproductive Health, HIV/STI and Child Survival Services and/or Products in WCA Region

APPROVED: 02/09/1995

COUNTRY/ORGANIZATION: FHA-WCA

RESULT NAME: IR 1: Increased access to and demand for quality reproductive health, HIV/STI and child survival services and/or products in the WCA region

INDICATOR: *Number of ORS packets distributed*

UNIT OF MEASURE: Packets of ORS distributed in the fiscal year SOURCE: Distribution statistics from implementing agencies INDICATOR DESCRIPTION: Number of ORS packets distributed in Cote d'Ivoire, Burkina Faso, Togo and Cameroon COMMENTS: All figures rounded to nearest 100,000	YEAR	PLANNED	ACTUAL
	<i>FY96</i>	1.2 million	1.1 million
	<i>FY97</i>	1.9 million	2.3 million
	<i>FY98</i>	2.5 million	3.0 million
	<i>FY99</i>	3.1 million	
	<i>FY00</i>	3.6 million	
	<i>FY01</i>		
	<i>FY02</i>		

STRATEGIC OBJECTIVE: Increased Use of Selected, Sustainable, Regional Reproductive Health, HIV/STI and Child Survival Services and/or Products in WCA Region

APPROVED: 02/09/1995

COUNTRY/ORGANIZATION: FHA-WCA

RESULT NAME: Increased regional capacity for program development and implementation in the WCA region

INDICATOR: *Number of technical consultant weeks provided by regionally-based African consultants*

UNIT OF MEASURE: Consultancy weeks by fiscal year SOURCE: Data base from implementing partners INDICATOR DESCRIPTION: Consultancy weeks performed by Africans COMMENTS: Targets for FY99 and FY2000 will be revised based on the actual for FY98	YEAR	PLANNED	ACTUAL
	<i>FY96</i>	12	80
	<i>FY97</i>	24	196
	<i>FY98</i>	160	357
	<i>FY99</i>	200	
	<i>FY00</i>	240	
	<i>FY01</i>		
	<i>FY02</i>		

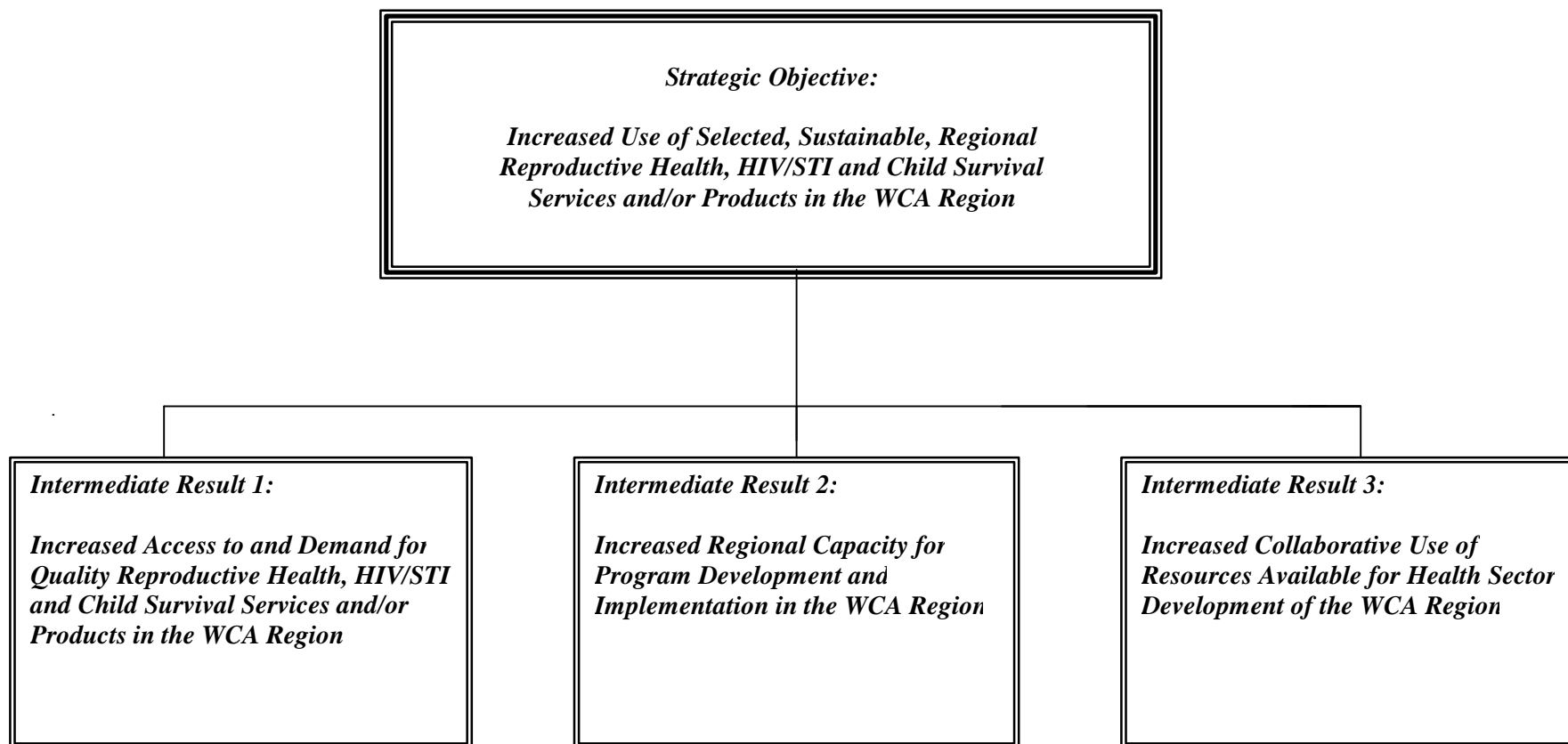
Annex 1: Environmental Impact

The current USAID Family Health and AIDS—West and Central Africa Activity, approved in July 1995, received approval for a categorical exclusion as per 22 CFR 216.2(c)(2)(viii) in April 1995 for all project components that involve nutrition, health care or population and family planning services as well as training and technical assistance designed to improve planning, management and budgeting of the involved partner agencies. Activities involving the delivery of HIV/AIDS services received a negative determination as per 22 CFR 216.3(a)(2)(iii).

USAID/FHA-WCA is considering amending the current activity to include the prevention and control of malaria transmission through the use of insecticide-treated bednets. Any activity implementation would be delayed until the finalization of an amendment to the IEE. Action on this amendment would be on hold until AFR Bureau and General Counsel resolve concerns and mitigating measures/standards that have put these types of activities on hold in Africa.

USAID/FHA-WCA expects to request a three-year extension for the current activity and will consider adding a component on maternal health/essential obstetric care. Both the extension and the new programmatic component will require an amendment to the current IEE. This amendment would need to be conducted in the third quarter of FY99.

Annex 2: Updated Results Framework



FY 1999 Budget Request by Program/Country

Program/Country: West Africa Regional/FHA
(Enter either DA/CSD; ESF; NIS; or SEED)

DA/CSD

07-Apr-99
01:16 PM

Approp Acct:
Scenario

O. #, Title		FY 1999 Request													Est. S.O. Expenditures	Est. S.O. Pipeline End of FY 99
	Bilateral/Field Spt	Total	Micro-Enterprise	Agri-culture	Other Economic Growth	Children's Basic Education (*)	Other HCD	Population	Child Survival (*)	Infectious Diseases (*)	HIV/AIDS (*)	Other Health	Environ	D/G		
SO 1: Products in WC/																
	Bilateral	10,710						6,007	1,783	100	2,820	0			10,771	11,249
	Field Spt	2,767						560	1,222	400	585				2,767	0
		13,477	0	0	0	0	0	6,567	3,005	500	3,405	0	0	0	13,538	11,249
SO 2:																
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 3:																
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 4:																
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 5:																
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 6:																
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 7:																
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 8:																
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Bilateral		10,710	0	0	0	0	0	6,007	1,783	100	2,820	0	0	0	10,771	11,249
Total Field Support		2,767	0	0	0	0	0	560	1,222	400	585	0	0	0	2,767	0
TOTAL PROGRAM		13,477	0	0	0	0	0	6,567	3,005	500	3,405	0	0	0	13,538	11,249

FY 99 Request Agency Goal Totals	
Econ Growth	0
Democracy	0
HCD	0
PHN	13,477
Environment	0
Program ICASS	145
GCC (from all Goals)	0

FY 99 Account Distribution (DA only)	
Dev. Assist Program	6,496
Dev. Assist ICASS	70
Dev. Assist Total:	6,566
CSD Program	6,836
CSD ICASS	75
CSD Total:	6,911

Prepare one set of tables for each appropriation Account
Tables for DA and CSD may be combined on one table.
For the DA/CSD Table, columns marked with (*) will be funded from the CSD Account

FY 2000 Budget Request by Program/Country

Program/Country: West Africa Regional/FHA
(Enter either DA/CSD; ESF; NIS; or SEED) DA/CSD

07-Apr-99
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Approp Acct:
Scenario

D

O. #, Title		FY 2000 Request													Est. S.O. Expenditures	Est. S.O. Pipeline End of FY 00
	Bilateral/Field Spt	Total	Micro-Enterprise	Agri-culture	Other Economic Growth	Children's Basic Education (*)	Other HCD	Population	Child Survival (*)	Infectious Diseases (*)	HIV/AIDS (*)	Other Health	Environ	D/G		
SO 1:															Year of Final Oblig:2002	
	Bilateral	13,560						6,000	2,400	500	4,160	500			13,894	10,915
	Field Spt	5,790						1,740	1,500	500	1,550	500			5,790	0
		19,350	0	0	0	0	0	7,740	3,900	1,000	5,710	1,000	0	0	19,684	10,915
SO 2:															Year of Final Oblig:	
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 3:															Year of Final Oblig:	
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 4:															Year of Final Oblig:	
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 5:															Year of Final Oblig:	
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 6:															Year of Final Oblig:	
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 7:															Year of Final Oblig:	
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 8:															Year of Final Oblig:	
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Bilateral		13,560	0	0	0	0	0	6,000	2,400	500	3,710	500	0	0	13,894	10,915
Total Field Support		5,790	0	0	0	0	0	1,740	1,500	500	1,550	500	0	0	5,790	0
TOTAL PROGRAM		19,350	0	0	0	0	0	7,740	3,900	1,000	5,710	1,000	0	0	19,684	10,915

FY 00 Request Agency Goal Totals	
Econ Growth	0
Democracy	0
HCD	0
PHN	19,350
Environment	0
Program ICASS	160
GCC (from all Goals)	0

FY 00 Account Distribution (DA only)	
Dev. Assist Program	7,676
Dev. Assist ICASS	64
Dev. Assist Total:	7,740
CSD Program	11,514
CSD ICASS	96
CSD Total:	11,610

Prepare one set of tables for each appropriation Account
Tables for DA and CSD may be combined on one table.
For the DA/CSD Table, columns marked with (*) will be funded from the CSD Account

FY 2001 Budget Request by Program/Country

07-Apr-99

01:22 PM

Approp Acct:
Scenario

Program/Country: West Africa Regional/FHA
(Enter either DA/CSD; ESF; NIS; or SEED)

DA/CSD

O. # , Title		FY 2001 Request													Est. S.O.	Est. S.O.	Future
	Bilateral/ Field Spt	Total	Micro- Enterprise	Agri- culture	Other Economic Growth	Children's Basic Education (*)	Other HCD	Population	Child Survival (*)	Infectious Diseases (*)	HIV/AIDS (*)	Other Health	Environ	D/G	Expendi- tures	Pipeline End of FY 01	Cost (POST- 2001)
SO 1:															Year of Final Oblig:2002		
	Bilateral	15,560						8,000	2,400	500	4,160	500			13,894	12,581	15,560
	Field Spt	5,790						1,740	1,500	500	1,550	500			5,790	0	5,790
		21,350	0	0	0	0	0	9,740	3,900	1,000	5,710	1,000	0	0	19,684	12,581	21,350
SO 2:															Year of Final Oblig:		
	Bilateral	0															
	Field Spt	0															
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 3:															Year of Final Oblig:		
	Bilateral	0															
	Field Spt	0															
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 4:															Year of Final Oblig:		
	Bilateral	0															
	Field Spt	0															
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 5:															Year of Final Oblig:		
	Bilateral	0															
	Field Spt	0															
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 6:															Year of Final Oblig:		
	Bilateral	0															
	Field Spt	0															
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 7:															Year of Final Oblig:		
	Bilateral	0															
	Field Spt	0															
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 8:															Year of Final Oblig:		
	Bilateral	0															
	Field Spt	0															
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Bilateral		15,560	0	0	0	0	0	8,000	2,400	500	4,160	500	0	0	13,894	12,581	15,560
Total Field Support		5,790	0	0	0	0	0	1,740	1,500	500	1,550	500	0	0	5,790	0	5,790
TOTAL PROGRAM		21,350	0	0	0	0	0	9,740	3,900	1,000	5,710	1,000	0	0	19,684	12,581	21,350

FY 01 Request Agency Goal Totals	
Econ Growth	0
Democracy	0
HCD	0
PHN	21,350
Environment	0
Program ICASS	176
GCC (from all Goals)	0

FY 01 Account Distribution (DA only)	
Dev. Assist Program	9,660
Dev. Assist ICASS	80
Dev. Assist Total:	9,740
CSD Program	11,514
CSD ICASS	96
CSD Total:	11,610

Prepare one set of tables for each appropriation Account
Tables for DA and CSD may be combined on one table.
For the DA/CSD Table, columns marked with (*) will be funded from the CSD Account

Accessing Global Bureau Services Through Field Support and Buy-Ins

MISSION/OPERATING UNIT: West Africa Regional/FHA-WCA

Objective Name	Field Support and Buy-Ins: Activity Title & Number	Priority *	Duration	Estimated Funding (\$000)			
				FY 2000		FY 2001	
				Obligated by:		Obligated by:	
				Operating Unit	Global Bureau	Operating Unit	Global Bureau
Increased Sustainable Use of Selected, Regional Reproductive Health, HIV/STI and Child Survival Services and/or Products in the WCA Region	936-3038.02 FPLM Follow on Family Planing and Logistics Management-POP	High	LOSO		300		300
	936-3038.02 FPLM Follow on Family Planing and Logistics Management-HIV	High	LOSO		200		200
	936-3090.02 IMPACT Implementing AIDS Prevention and Control Activities-HIV	High	LOSO		500		500
	936-3057 CCP Central Contraceptives Procurement-POP	High	LOSO		640		640
	936-3057 CCP Central Contraceptives Procurement-HIV	High	LOSO		350		350
	936-5974.13 PHR Follow on Partnership for Health Reform-CHS	High	LOSO		500		500
	936-3024 POPTECH Follow on Population Technical Assistance-POP	High	LOSO		300		300
	936-3073 FOCUS Follow on-POP	High	LOSO		100		100
	936-3073 FOCUS Follow on-HIV	High	LOSO		200		200
	936-3096 Child Survival-Micronutrimment	High	LOSO		500		500
	936-3096 Child Survival-IMCI-CHS	High	LOSO		500		500
	936-3096 Child Survival-Malaria-ID	High	LOSO		100		100
	936-5994.01 EHP Follow on-Malaria-ID	High	LOSO		200		200
	936-3092-Maternal Health -Other Health	High	LOSO		500		500
	936-3092-Maternal Health-ID	High	LOSO		200		200
	936-3078 Policy Follow on-POP	Medium -Low	LOSO		200		200
	936-3078 Policy Follow on-HIV	Medium Low	LOSO		200		200
	936-3068 AVSC-POP	Medium-High	LOSO		200		200
	936-3068 AVSC-HIV	Medium High	LOSO		100		100
GRAND TOTAL.....				0	5,790	0	5,790

* For Priorities use high, medium-high, medium, medium-low, low

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Org West Africa Regional/FHA-WCA_____																
End of year On-Board								Total							Total	Total
FY 1999 Estimate	SO 1	SO 2	SO 3	SO 4	SO 5	SpO1	SpO2	SO/SpO	Org. Mgmt.	Fin. Mgmt	Admin. Mgmt	Con-tract	Legal	All Other	Mgmt.	Staff
OE Funded: 1/																
U.S. Direct Hire								0							0	0
Other U.S. Citizens								0							0	0
FSN/TCN Direct Hire								0							0	0
Other FSN/TCN								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Program Funded 1/																
U.S. Citizens	1							1							0	1
FSNs/TCNs	6							6							0	6
Subtotal	7	0	0	0	0	0	0	7	0	0	0	0	0	0	0	7
Total Direct Workforce	7	0	0	0	0	0	0	7	0	0	0	0	0	0	0	7
TAACS								0							0	0
Fellows								0							0	0
IDIs								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL WORKFORCE	7	0	0	0	0	0	0	7	0	0	0	0	0	0	0	7

	SO 1	SO 2	SO 3	SO 4	SO 5	SpO1	SpO2	Total SO/SpO	Org. Mgmt.	Fin. Mgmt.	Admin. Mgmt.	Con- tract	Legal	All Other	Total Mgmt.	Total Staff
FY 2000 Target																
OE Funded: 1/																
U.S. Direct Hire								0							0	0
Other U.S. Citizens								0							0	0
FSN/TCN Direct Hire								0							0	0
Other FSN/TCN								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Program Funded 1/																
U.S. Citizens	1							1							0	1
FSNs/TCNs	6							6							0	6
Subtotal	7	0	0	0	0	0	0	7	0	0	0	0	0	0	0	7
Total Direct Workforce	7	0	0	0	0	0	0	7	0	0	0	0	0	0	0	7
TAACS								0							0	0
Fellows								0							0	0
IDIs								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL WORKFORCE	7	0	0	0	0	0	0	7	0	0	0	0	0	0	0	7

FY 2000 Request																
OE Funded: 1/																
U.S. Direct Hire								0							0	0
Other U.S. Citizens								0							0	0
FSN/TCN Direct Hire								0							0	0
Other FSN/TCN								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Program Funded 1/																
U.S. Citizens	1							1							0	1
FSNs/TCNs	6							6							0	6
Subtotal	7	0	0	0	0	0	0	7	0	0	0	0	0	0	0	7
Total Direct Workforce	7	0	0	0	0	0	0	7	0	0	0	0	0	0	0	7
TAACS								0							0	0
Fellows								0							0	0
IDIs								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL WORKFORCE	7	0	0	0	0	0	0	7	0	0	0	0	0	0	0	7

Org End of year On-Board								Total SO/SpO Staff	Org. Mgmt.	Fin. Mgmt	Admin. Mgmt	Con- tract	Legal	All Other	Total Mgmt.	Total Staff
FY 2001 Target	SO 1	SO 2	SO 3	SO 4	SO 5	SpO1	SpO2									
OE Funded: 1/																
U.S. Direct Hire								0							0	0
Other U.S. Citizens								0							0	0
FSN/TCN Direct Hire								0							0	0
Other FSN/TCN								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Program Funded 1/																
U.S. Citizens	1							1							0	1
FSNs/TCNs	6							6							0	6
Subtotal	7	0	0	0	0	0	0	7	0	0	0	0	0	0	0	7
Total Direct Workforce	7	0	0	0	0	0	0	7	0	0	0	0	0	0	0	7
TAACS								0							0	0
Fellows								0							0	0
IDIs								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL WORKFORCE	7	0	0	0	0	0	0	7	0	0	0	0	0	0	0	7

FY 2001 Request																
OE Funded: 1/																
U.S. Direct Hire								0							0	0
Other U.S. Citizens								0							0	0
FSN/TCN Direct Hire								0							0	0
Other FSN/TCN								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Program Funded 1/																
U.S. Citizens	1							1							0	1
FSNs/TCNs	6							6							0	6
Subtotal	7	0	0	0	0	0	0	7	0	0	0	0	0	0	0	7
Total Direct Workforce	7	0	0	0	0	0	0	7	0	0	0	0	0	0	0	7
TAACS								0							0	0
Fellows								0							0	0
IDIs								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL WORKFORCE	7	0	0	0	0	0	0	7	0	0	0	0	0	0	0	7

Organization: West Africa Regional/FHA-WCA

Foreign National Voluntary Separation Account								
Action	FY 1999			FY 2000			FY 2001	
	OE	Program	Total	OE	Program	Total	OE	Program Total
Deposits			0			0		0
Withdrawals			0			0		0

Local Currency Trust Funds - Regular			
	FY 1999	FY 2000	FY 2001
Balance Start of Year			
Obligations			
Deposits			
Balance End of Year	0	0	0

Exchange Rate

Local Currency Trust Funds - Real Property			
	FY 1999	FY 2000	FY 2001
Balance Start of Year			
Obligations			
Deposits			
Balance End of Year	0	0	0

Exchange Rate

MISSION : West Africa Regional/FHA-WCA

USDH STAFFING REQUIREMENTS BY SKILL CODE

BACKSTOP (BS)	NO. OF USDH EMPLOYEES IN BACKSTOP FY 1999	NO. OF USDH EMPLOYEES IN BACKSTOP FY 2000	NO. OF USDH EMPLOYEES IN BACKSTOP FY 2001	NO. OF USDH EMPLOYEES IN BACKSTOP FY 2002
01 SMG				
02 Program Officer				
03 EXO				
04 Controller				
05/06/07 Secretary				
10 Agriculture				
11 Economics				
12 GDO				
12 Democracy				
14 Rural Development				
15 Food for Peace				
21 Private Enterprise				
25 Engineering				
40 Environment				
50 Health/Pop.				
60 Education				
75 Physical Sciences				
85 Legal				
92 Commodity Mgt				
93 Contract Mgt				
94 PDO				
95 IDI				
Other*				
TOTAL	0	0	0	0

Please e-mail this worksheet
in either Lotus or Excel to:
Maribeth Zankowski
@hr.ppim@aidw
as well as include it with
your R4 submission.

*please list occupations covered by other if there are any